

**REQUEST FOR USCIS and DOS CONGRESSIONAL INQUIRY**

**Member of Congress:** NATHANIEL MORAN (TX-01)

**Petitioner/Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**USCIS receipt number or tracking number** (no Social Security numbers): \_\_\_\_\_

Date of filing: \_\_\_\_\_ Place of filing: \_\_\_\_\_

**Form type(s) – check all that apply:**

- |       |       |       |        |       |        |                               |       |        |       |
|-------|-------|-------|--------|-------|--------|-------------------------------|-------|--------|-------|
| G-639 | I-90  | I-129 | I-129F | I-130 | I-131  | I-140                         | I-212 | I-290B | I-360 |
| I-485 | I-526 | I-539 | I-589  | I-590 | I-600A | I-600                         | I-601 | I-612  | I-690 |
| I-730 | I-751 | I-765 | I-821  | I-824 | I-829  | I-914 (Supplement A, B, or C) |       | I-918  |       |
| I-924 | I-929 | N-400 | N-600  | N-565 | N-644  | Other: _____                  |       |        |       |

**Brief description of the issue (if you need more space, attach a separate sheet):**

**Section below to be completed by the person who is the subject of the records:**

I certify, under penalty of perjury, that 1) I provided or authorized all the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, *(print your name)* \_\_\_\_\_, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Representative Nathaniel Moran and the Member’s staff with regards to 8 USC 1367. The staff is aware they may not disclose this information to third parties without the permission of U.S. Citizenship and Immigration Services and in accordance with 8 U.S.C. 1367 and DHS policy.

Signature *(sign in ink)*: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Current Address (NO P.O.BOX): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Translator Certification** *(If privacy release or any of the supplemental information has been translated.) I certify, under penalty of perjury, that I am fluent in English and \_\_\_\_\_, and that my translation of the privacy release and any foreign language documents submitted with this inquiry are complete and accurate.*

*Translator Name (print):* \_\_\_\_\_

*Signature (sign in ink):* \_\_\_\_\_ *Date:* \_\_\_\_\_

Staff Member (print): \_\_\_\_\_ Phone: 866-535-6302

Staff Member Email: \_\_\_\_\_